

# COMMISSION ON AGING AND RETIREMENT EDUCATION (CARE)

## ***Initiative To Create a: Center for Urban Aging Services and Policy Development***

### **OVERVIEW**

The Baltimore City Commission on Aging and Retirement Education (CARE) is embarking on an initiative to create a “Center for Urban Aging Services and Policy Development.” The Center is needed and will be designed to respond to four trends or factors, shaping the future of Baltimore City:

- A. the needs and aspirations of an aging, culturally diverse City population ,
- B. changes in public funding policy affecting the ability of CARE and its partners to meet the needs of the older adult population,
- C. demographic, social and economic forces, both within the City and on a more global scale, impacting the lives of older citizens, and
- D. Mayor Martin O’Malley’s vision to make “Baltimore the Most Senior-Friendly City in America.”

These forces affecting Baltimore’s older adults are not unique; indeed demographic and economic change as well as a new optimism about city living are affecting urban America. Given these changes, it is believed that the time is right for CARE and its partners to take an innovative approach, addressing both the needs and assets of older adults living in large urban areas like Baltimore City. The vehicle for this approach will be the Center for Urban Aging Service and Policy Development.

CARE is the logical agency to take the lead in developing this initiative. CARE is the primary public agency in Baltimore City responsible for developing, coordinating, and delivering a broad range of programs and services to older adults, their caregivers, and senior-serving organizations throughout the city. CARE operates or oversees senior center, health and nutrition, information and assistance, and in-home services programs. It has over thirty years of experience working with Baltimore’s older adult population, in all its diversity.

The Center is designed to bring together analysts and consultants, private and public funders, community leaders, senior-serving organizations, service providers, and older consumers, and will create new synergies between them. Out of the relationships created by the Center will come strategies for tapping the resources offered by mature adults, new models for delivering services to those who need them, and a foundation for public policy and funding strategies based on the realities of aging in urban America in the 21<sup>st</sup> Century.

The products of the Center will have implications for urban America throughout the state and country. Our preliminary research indicates that while several other American cities have embarked on planning initiatives for their older residents (notably, Philadelphia and Cleveland) none has envisioned an ongoing model similar to what we are proposing. Moreover, our initial

contacts in several of these cities showed interest in our concept, and a willingness to form a national coalition centered on urban aging issues.

What may make Baltimore's approach unique is our willingness to combine new approaches to urban revitalization with geriatric policy development and services. For example, the Center will explore how the concepts advanced by Richard Florida's *The Rise of the Creative Class* can be adapted by cities focusing on older adult populations. It is clear in "The Rise of the Creative Class" that one of the keys to success in developing a successful people-climate is understanding that middle-aged and older adults enjoy and desire stimulating and dynamic places with high levels of cultural interplay and a wide-range of lifestyle amenities.

The following proposal is divided into six sections:

- A. an examination of the demographics of urban older adults,
- B. a summary of the issues and problems faced by this population,
- C. a summary of the assets cities offer older adults,
- D. a vision for the important initiatives that this Center could lead the unique roles that it would perform in complementing, harnessing, and synergizing the existing robust resources in urban aging services and policy development in Baltimore,
- E. a description of the role partnerships will play in the Center,
- F. a planning, startup, and implementation schedule, including projected budget.

## **THE DIVERSITY OF URBAN OLDER ADULTS**

Older Americans living in cities present a rich patchwork quilt of diversity, potential and needs. Some of the most affluent and most needy older citizens in the country live in urban America. CARE's Urban Aging Center will respond to the complexity of this population, its resources, energy and talent, and its growing needs. For the purposes of this analysis the population of older urban adults can be broken down into the following subgroups:

### **A. Low Income Populations**

Many American cities have concentrations of older adult populations. These populations tend to have lower incomes than their counterparts in suburban areas. Below is a table showing the concentration of older adults in a number of American cities, and the proportion of the older population that is below the poverty line.

<b>Low Income Older Adult Urban Populations Profile</b>			
<b>City</b>	<b>Population 60 and Over</b>	<b>% of City Population</b>	<b>% of 65+ Population Below Poverty</b>
<b>Atlanta</b>	<b>93,916</b>	<b>12%</b>	<b>15%</b>
<b>Baltimore</b>	<b>110,961</b>	<b>17%</b>	<b>18%</b>
<b>Chicago</b>	<b>397,958</b>	<b>14%</b>	<b>16%</b>
<b>Cleveland</b>	<b>77,109</b>	<b>16%</b>	<b>17%</b>
<b>Detroit</b>	<b>129,452</b>	<b>14%</b>	<b>19%</b>
<b>Miami</b>	<b>398,249</b>	<b>18%</b>	<b>19%</b>
<b>Newark</b>	<b>34,829</b>	<b>13%</b>	<b>24%</b>
<b>Oakland</b>	<b>54,390</b>	<b>14%</b>	<b>13%</b>
<b>Philadelphia</b>	<b>271,658</b>	<b>21%</b>	<b>19%</b>
<b>Pittsburgh</b>	<b>67,450</b>	<b>20%</b>	<b>14%</b>
<b>San Francisco</b>	<b>137,124</b>	<b>18%</b>	<b>11%</b>
Source: U.S. Census 2000			

Of particular concern is that due to historical patterns, older adult populations in cities are likely to contain larger numbers of the minority poor than surrounding areas. Below is a table showing how Baltimore City's 65+ population compares to the State of Maryland with respect to the "old old", older adults living in poverty, and low income minorities.

<b>Baltimore City/Maryland Low-Income Minority Population</b>			
	<b>City of Baltimore</b>	<b>% of City's 65+ Population</b>	<b>Corresponding Percentage Statewide</b>
65 and Over Below Poverty	14,819	17.98%	8.50%
Population 85 and over	9,956	11.59%	11.16% *
Minorities 65 and Over	47,274	55.01%	22.51%
Minorities 65 and Over Below Poverty	10,444	12.67%	3.62%
Source: U.S. Census 2000			

50.4% of Maryland's minority population over the age of 65 with incomes below the poverty line live in Baltimore City.

Minority older adults in general, and low income minority in particular, are likely to face a broad range of health, social and financial problems unknown to older adults at large. Health statistics alone present an alarming picture of health disparities:

1. Blacks aged 65-74 are almost twice as likely as whites to die of a stroke.
2. In 2002, more than 25 percent of African Americans aged 65-74 had a diagnosis of diabetes.
3. Death from cancer rates among African Americans males are 40% higher than the rates for white males; for African American females the death rate from cancer is 20% higher for those for white females.

(Source American Society on Aging, 2004).

The Center will create new models for responding to the health care, financial, and social needs of low income older adults living in urban America. In addition, it will develop policy concepts for national implementation, to respond to the plight of this population. A particular focus of the Center will be to evaluate the impact of Social Security, Medicare, and Medicaid reform on low income minority adults. As these benefit programs move away from a social insurance orientation, and adapt more of a market-driven, segmented approach, there may be significant changes in the overall financial status of older adults, and in the way they gain access to and receive health care. These changes may be especially important for older women and minority populations, traditionally at greatest risk of poverty in their old age.

## **B. Empty Nesters and Young Retirees**

At the other end of the income scale, is a small but growing population which is beginning to transform the look of urban aging. Affluent baby boomers, their children raised, and their careers winding down, are rediscovering the cities. Cities offer the cultural amenities and convenience this population is seeking. In return, the empty nesters bring civic energy, disposable income (estimated in the billions), and relatively low service utilization to their new communities. Increasingly, cities around the country are recognizing the value of this "leading edge" of the boomers and are looking at ways to attract it. Already, certain Baltimore neighborhoods such as Mt Vernon and Butcher's Hill have recognized empty nesters as desirable residents and are marketing accordingly.

Cities, with their well developed public transportation systems, cultural attractions, and concentration of health and social services, are attractive environments for older adults of all income levels. Baltimore, in particular, has long been known as a premier location for quality health care, including geriatrics. The Johns Hopkins Division of Geriatric Medicine recently was ranked highest in its class in the country by U.S. News and World Report. The Center for Urban Aging Services and Policy Development will explore strategies to further enhance the appeal of cities for these new urbanites, and will tap the resources they bring to their adopted communities.

### **C. Older Homeowners**

The younger retirees returning to the cities join those who never left. Older homeowners are the linchpin for successful middle class neighborhoods in Baltimore, and the key to neighborhood preservation. In 2000, according to the Census, of the 129,879 owner-occupied housing units in Baltimore, 48,989 or about 38% of the householders were over 60. Cities need to have more effective approaches to help these older homeowners stay in their communities, keep their houses in good repair and to link them to the ongoing life of their neighborhoods. The Center will create new relationships between local government, community associations, and senior serving organizations to support older homeowners.

### **D. Older Adults At Risk**

Urban areas in the United States tend to have a greater proportion of older adults with disabilities who are at the greatest risk of isolation, impaired health, and mortality. In the 2000 Census, for example, 12.73% of Baltimore's older adults reported that they had a "self-care" disability, compared with 9.08% Statewide.

Persons in this group are more likely to have multiple chronic diseases and poor health prospects, and to live in poverty. They often live alone in deteriorating, dangerous neighborhoods, and have minimal contact with family and friends. They are much more likely to be hospitalized or institutionalized and are a major concern of health care planners. By viewing the problems of this population in an urban context, the Center will produce results of interest to funders at the federal government and national foundation level.

### **E. Multigenerational Families and Kinship Care**

Urban areas America tend to have a higher number of grandparents and other relatives raising grandchildren than suburban and rural areas. Parents are not present due to substance abuse, incarceration, or death. In addition, City parents in the military are facing more time away from their children due to deployments.

According to the Census, over 13,000, or 12% of Baltimore City grandparents (compared with 6% for Maryland as a whole) have responsibility for raising their grandchildren. About one third of Baltimore's custodial grandparents are between 50 and 60, and another one third is over the age of 60. Data from other cities indicate a similar pattern. (See table below).

Custodial grandparents find that the combined challenges of aging and of raising a family create a new form of midlife stress. As you can see from the above data, this is a growing national problem for older caregivers in urban America that needs to be addressed. The Center will form coalitions with various kinship caregiver organizations to explore this issue further, and to expand support for older caregivers raising children.

<b>Urban Grandparents Responsible for Grandchildren</b>				
<b>City</b>	<b>Under 50</b>	<b>50-59</b>	<b>60+</b>	<b>Total</b>
Baltimore	4,430	4,600	4,680	13,710
Atlanta	3,280	2,860	2,260	8,400
Chicago	20,280	19,660	18,900	58,840
Cleveland	2,570	2,110	2,360	7,040
Detroit	6,210	5,660	5,220	17,090
Miami	7,840	9,140	10,020	27,000
Newark	1,490	1,740	1,600	4,830
Oakland	1,340	1,180	1,560	4,080
Philadelphia	7,620	6,910	6,580	21,110
Pittsburgh	850	950	900	2,700
San Francisco	880	1,700	2,890	5,470
Source: 2000 Census				

## **F. Emerging Ethnic and Minority Populations**

Over the past fifteen years, cities like Baltimore have become home to new racial, cultural and ethnic groups, often immigrants from other countries. These populations are now beginning to age in place. Small but growing populations of older Koreans, Hispanics and Russians are shaping services for older adults in Baltimore. In other cities, the growth of non-English speaking older populations is even more pronounced.

Analyst/Consultant services have noted that different ethnic populations tend to have different concepts of aging. Different groups see the role of the older person within the family differently, have varying senses of the family's obligation in supporting its older relatives, and do not all see the public programs offered by social service agencies in the same way. Baltimore, with its rich ethnic heritage and new minority populations presents an ideal setting for new approaches marrying policy and program development which take these variations into account. The Center will generate policies and program models that respond to the diversity of attitudes toward aging and caregiving.

## **G. Aging and the Gay Community**

In a report in 2000, the National Gay and Lesbian Task Force estimated that between one to three million Americans over 65 are gay, lesbian, bisexual or transgender, and that this number would grow to four million by the year 2030. If present demographic trends continue, many aging gays and lesbians will live in urban America. They will have fewer family ties and, as a result, less financial security than their heterosexual cohorts. As they grow older, they will face overt and hidden discrimination by the legal, social service, and health care systems, in both the private and public sector.

Addressing the needs of the aging gay and lesbian community is an emerging issue in aging services, yet there have been few policy makers willing to take the lead here. Given

that theorists like Richard Florida view the gay community as a major factor in creating vibrant urban centers, the Center's willingness to reach out to this population will contribute to Baltimore's renaissance, and will provide leadership to other cities around the country.

## **H. Baby Boomers: The New Older adult Population**

According to the 2000 Census, 185,585 Baltimoreans were between the ages of 35 and 55, the generation referred to as the Baby Boomers. This group comprised 28.5% of Baltimore's population. As in other jurisdictions, the impact of aging Boomers will begin to be felt beginning in 2005, when the first members of this group reach age 60, the eligibility age for Older Americans Act programs.

As the Boomers enter older adulthood, they will bring a perspective based on growing up in an altered world of new cultural and social norms, technological change, and a post-manufacturing economy. They will include those who have succeeded financially beyond the dreams of their parents, and those who have experienced substance abuse problems and violence unknown to the generation before them.

The Boomers will present a challenge to the existing network of services and programs for the older adults in cities like Baltimore. Programs designed for the generation before them may be found to be obsolete. The Center will respond to the full range of Boomer aspirations and needs, with innovative service models.

## **URBAN AGING ISSUES**

Each of the populations described above presents its own unique set of opportunities and challenges to the City of Baltimore and to CARE. There are certain issues, however, which cut across population lines and will need to be addressed in more detail by an Urban Aging Initiative. These issues include, but are not limited to, the following areas:

### **A. Safety, Security and Isolation**

Crime in urban environments has a disproportionate impact on older adults. Studies have shown that older people tend to be victims of crime less frequently than other age groups, but the fear of crime often makes older city residents prisoners in their homes, reducing contact with neighbors, friends, and social service and health organizations. Of particular concern is the impact of younger criminals with disabilities living in public housing formerly reserved for older adults, and the growing isolation of older residents in these complexes.

Older adults isolated because of crime are more likely to be vulnerable to health problems, including external events such as heat waves, and heavy snowfalls. The Center will build upon some of the work already done on urban older adult isolation (notably Eric Klineberg's study of the 1995 heat wave in Chicago and its impact on isolated older adults). It will explore new approaches to this issue including the use of information technology and enhancement of neighborhood support systems. CARE is determined to address older adult isolation in Baltimore and ensure that no older adult is left alone. The

Center will develop initiatives designed to overcome older adult isolation, in all its aspects.

## **B. Housing and Senior Friendly Neighborhoods**

The housing problems of older adults in cities are complex. Older residents of individual, single family dwelling units and of public housing buildings face issues of housing availability; affordability; desirability; a lack of home repair programs to assist homeowners in maintaining their properties; and the need to retrofit older houses so that they are more conducive for their inhabitants to age in place.

When addressing the housing needs of urban older adults, we need to recognize that these needs extend well beyond issues of bricks and mortar, and construction financing. A housing strategy for older adults must address service needs as well as shelter, particularly if older urbanites are to remain in their communities.

Coupled with the need for improved housing stock is the larger issue of developing urban communities that provide senior friendly environments. A subset of the movement known as the New Urbanism is beginning to look at how cities can be more supportive of residents as they age. Some of the issues which will need to be examined include the potential for zoning changes to create “walkable communities,” the effect of decaying infrastructure on the health and security of older adults, and the impact of pollution on older residents. The Center will create links between service agencies, neighborhood organizations, environmental advocates and aging services experts to explore the full potential for senior friendly concepts applied to urban landscapes.

In Baltimore, the Govans Ecumenical Development Corporation has taken the lead in developing innovative approaches to housing. Stadium Place, located on the site of the legendary former Memorial Stadium, combines housing, services, and fitness facilities in a state of the art retirement community for low and moderate income older adults.

## **C. Health Care and Long Term Care Reform**

Health care issues faced by urban older adults are overwhelming and include: lack of resources such as health maintenance organizations and primary care physicians in certain neighborhoods; the large number of persons with mental illness and drug abuse problems who are aging; inadequate nutrition resources (especially fresh fruits and vegetables); and the negative effect of urban vermin on public health.

At the same time, a major transformation of long term care systems is underway in America. Long term care is shifting out of nursing homes into community settings. Due to their more affordable housing, and larger labor pools of health care workers, cities like Baltimore are home to a growing number of frail older adults needing support services. Questions of cost, system fragmentation, and quality of care, however, have not been resolved by health care planners.



The Center will bring together representatives from health care providers, healthcare analysts and consultants, and advocacy groups to formulate holistic approaches to urban geriatric health and long term care.

#### **D. Volunteerism and Employment Opportunities**

Persons retiring from full-time work in 2005 are healthier, better educated, and more active than previous generations. Their concept of retirement is not defined by rocking chairs, golf, and bingo. The emerging generation of retirees over the next fifteen years will seek volunteer work that provides meaningful civic engagement, and post-career jobs that provide opportunities for personal growth as well as income.

Continued involvement of persons over 50 in their communities through employment and volunteer work will help shape the vitality of both older workers and communities. Research shows that productive activities through regular social engagement, whether it be paid or unpaid work, enhances the physical and psychological health of older adults, permits older adults to make a difference in their communities, helps overcome social isolation, and provides essential intellectual stimulation.

The new retirees offer a huge reservoir of talent and experience for American cities. A prime example of mature energy at work is Experience Corps-Baltimore Inc., a groundbreaking intergenerational program provides a model of civic engagement for older volunteers. Data gathered by the program shows that meaningful volunteerism benefits older adults mentally and physically.

A prime focus of the Urban Center will be the development of similar programs and mechanisms for tapping into the energy and commitment of older urban volunteers and workers. The Center will explore the potential for “extended employment,” programs that assist Baby Boomers who wish to stay in the work force, and educate employers about policies and practices that afford opportunities for older workers. It will create evidence-based models designed to show how older adult volunteerism can enhance the cohesiveness of urban communities. The Center will work closely with American Association of Retired Persons (AARP) and other senior-serving national organizations with a demonstrated vision and record of success in advocating for, designing, and implementing programs and services that create volunteerism and extended employment opportunities for persons 50+.

#### **E. Retirement and Financial Planning**

The current furor over the future of the Social Security program points to a larger issue: many Americans, particularly those in lower income brackets, are not able to save or plan adequately for retirement. In formerly industrial areas like Baltimore, this dilemma is accentuated as pension plans offered by corporations like Bethlehem Steel disappear, and people nearing retirement find themselves forced to learn about defined contribution plans and asset allocation strategies.

CARE has as part of its mission the provision of pre-retirement education. In the coming years, the Center will assist CARE in developing models for preparing current employees and new retirees for the financial challenges of their mature years.

## **F. Access to Information**

The America of the 21<sup>st</sup> Century is becoming a society where success and indeed, survival depend on an individual's ability to obtain the right information at the right time about opportunities, benefits, and services available to him or her from increasingly complex technology driven systems. Certain segments of urban older adults are being left behind as the world around them becomes more digital, and the volume of information they need to absorb about health insurance, housing, public benefits, and financial security expands. The recently passed Medicare prescription benefit, for example promises to be a bewildering bureaucratic thicket of confusing requirements.

The Center will examine ways in which senior friendly information systems can be developed and implemented in urban settings. It will consult with cities like Atlanta, which have been particularly successful in developing new ways of providing information to older adults, and in linking agency data systems together.

## **G. Transportation**

Large public transit systems, designed to move large numbers of people to and from employment and public events, dominate metropolitan transportation. In cities like Baltimore these systems are not necessarily responsive to older adults, who have concerns about access, security, and reliability. In addition, while there are large numbers of human service agencies providing paratransit services for older people, these tend not to be well coordinated or efficient.

The Center will re-examine the problem of senior transportation in cities, to see if approaches can be designed which are more flexible and less costly at the same time.

## **H. Impact of Federal & State Budget Reductions on Aging Services and Programs**

CARE has seen continued and substantial reductions in both its Federal and State funds over the past three fiscal years. Programs provided congregate and home delivered meals, assisted living, transportation, in-home services, and senior center programs have been reduced by 13% since FY 2003, while the senior population has aged and the need for services has increased over the same period of time.

Some of these reductions have been generated by a general belt-tightening at the State level in particular. Others have come about because of changes in Federal funding formulas. These formulas reduced funding to Baltimore, based on its smaller population of older adults while ignoring the greater intensity of senior need in urban America. Contacts with other cities in other states indicate that Baltimore is not unique in experiencing federal and state funding reductions due to population shifts.

The Urban Center will articulate new policy responses to the needs of urban older adults both in Maryland and across the country. These approaches will take into account the lack of resources available to many older adults in urban settings. They will be based on a more sophisticated assessment of the needs of older adults in urban America, rather than the current mechanistic funding formula programs.

## **I. Emergency Preparedness and Response**

Recent developments in the Gulf region of the United States illustrate the vulnerability of older adults in urban America to catastrophic events. In this paper, we have examined a number of challenges facing older adults living in cities including poverty, safety, isolation, lack of transportation, and access to information. To these problems must now be added the vulnerability of cities to emergencies, whether they be acts of nature, catastrophic accidents, or terrorist incidents. When a city must deal with an emergency, older adults who have physical and mental limitations are especially at risk.

Emergency planners and those organizations which serve and care for the elderly are confronted with a multidimensional challenge. Following are some of its key parameters:

1. Frail older adults, whether they are in institutional facilities or in their own homes, are often dependent on others for their care and safety. As a result, planners must work with two groups: the caregivers, and the frail older adults themselves. In particular, older adults with types of dementia pose a serious challenge for planners. Even minor disruptions in routines can be catastrophic for this population, and harrowing for their caregivers.
2. Older adults at risk often have mobility limitations. If they must be evacuated, specialized vehicles with wheel chair lifts with properly trained personnel must be available. Evacuations from hospitals, nursing homes and assisted living facilities require logistical planning, including identification of the best places on a site to load large numbers of non-ambulatory people.
3. Persons with chronic conditions may require special equipment, such as oxygen tanks and sufficient supplies of medication. During an emergency, such supplies are not likely to be available.
4. Older adults are more likely to have visual and hearing impairments than younger populations. Communication, comprehension, and compliance with directives take more time.  
Forcing a frail elderly person to leave his/her home can have catastrophic results. Experience has shown that dislocation, particularly of institutionalized elderly, leads to increases in mortality.

There is a growing body of research examining how cities and other areas respond to the needs of older adults in an emergency. Some cities, for example, have begun to develop special protocols to assist elderly persons in need during weather related emergencies, including snow storms and extremely hot weather. CARE has taken the lead in Baltimore City to coordinate responses to weather related and other emergency issues that adversely affect older adults, particularly those who are isolated and most at risk. CARE has developed a Senior Citizens Emergency Response Network (SCERN).

Through SCERN, City agencies and other senior-serving organizations systematically identify isolated elderly persons and create a database of these City residents. An example of how the process works involves each partner contacting those persons when the temperature reaches designated levels. As heat indexes rise, CARE uses a combination of automated telephone calls and “live” contacts by person and by phone to reach those at risk.

Working with its many partners, CARE is developing plans to provide more comprehensive services to vulnerable elders in Baltimore and introduce SCERN into the City's overall Emergency Management Plan. SCERN, and similar programs developed in cities like Chicago, are good first steps toward creating emergency plans for specialized populations, including both the elderly and disabled.

More research needs to be done on which approaches to emergency planning for the elderly are most effective, and are able to reach those at greatest risk. The Center for Urban Aging Services and Policy Development will make emergency planning for older adults in cities one of its primary areas of review and development.

It also should be kept in mind, that while the Center will address the issues outlined in this section in terms of their impact on older adults, they are actually concerns for urban residents of all ages. By making cities more livable for the older population, policy makers actually improve the quality of life for everyone: children, young adults, rich and poor alike. Ultimately, the Center will create a dynamic for change that will strengthen cities socially and economically.

## **ASSETS FOR AN URBAN AGING CENTER**

The issues cited in the previous section can seem overwhelming. Fortunately, Baltimore's Center for Urban Aging Services and Policy Development will be able to command considerable resources in its work to develop new models for responding to the needs of urban older adults. These include:

### **A. Older adults serving their communities as volunteers and employees: Experience Corps-Baltimore**

Programs already exist which provide older Baltimoreans with rich and rewarding opportunities to assist their communities. Experience Corps-Baltimore Inc., the most successful program of its kind in the country, is an example of how older adults and children can come together for mutual benefit. Experience Corps is a partnership between Johns Hopkins University Center on Aging and Health and the Greater Homewood Corporation with support from Americorp and by CARE. The program places 100 older volunteers, *each serving 15 hours per week*, in five elementary schools to provide support for reading, math programs, library operations, violence prevention, behavioral management and community and parent outreach. Schools with Experience Corps programs show reductions in discipline problems, increases in attendance, improved vocabulary scores, and improvements in other performance measures. At the same time Experience Corps volunteers show measurable improvement in their overall health and cognitive abilities.

Experience Corps-Baltimore Inc. is an example of the type of intergenerational model the Center will seek to develop: evidence-based, involving coalitions, providing valuable services, and increasing involvement of older adults in their urban communities.

## **B. Faith-based Communities**

Baltimore has a rich tradition of faith-based organizations supporting older people in need. CARE has long worked with churches and synagogues in providing services for older adults ranging from meal programs to health insurance counseling. Associated Jewish Charities, Catholic Charities and the Govans Ecumenical Development Corporation (GEDCO) are examples of faith-based groups which have made a major difference in the lives of low and moderate income adults. The primary emphasis of these organizations has been the development of affordable housing and related services for older adults. Some of the more innovative community-building programs in the country including Stadium Place, and the Naturally Occurring Retirement Community Project (NORC) have come out of the work of faith organizations. The Center will work closely with all denominations in developing new coalitions to serve Baltimore's older adults.

## **C. Academic and Medical Institutions**

Baltimore is home to a sophisticated network of academic institutions, research organizations, and world class health facilities, many of them with specialized expertise in the issues of aging. These include:

1. The Center on Aging and Health and the Division of Geriatric Medicine & Gerontology at Johns Hopkins, directed by Linda Fried, MD
2. The Johns Hopkins Bloomberg School of Public Health
3. The National Institute of Health (NIH) and National Institute on Aging – Johns Hopkins Bayview Campus
4. The University of Maryland, School of Nursing, School of Social Work and Department of Community/Public Health
5. Morgan State University
6. The University of Maryland, School of Pharmacy

The Center for Urban Aging Services and Policy Development will partner with these organizations to provide a strong, research-oriented, evidence-based approach to the models and programs it designs to better serve older adults in Baltimore and cities across America.

## **D. Senior Friendly Neighborhoods**

Baltimore is composed of over 200 distinct and closely knit neighborhoods. Traditionally, community associations in these neighborhoods have benefited from the involvement of their older residents, and in turn have taken a strong interest in supporting them with services, and community support networks. The Center will build upon these relationships as it designs new models to serve older adults in urban settings.

## **E. Senior Serving Organizations**

In addition to the faith-based organizations mentioned previously, Baltimore is home to a wide range of proprietary and nonprofit organizations which serve older adults. Meals on Wheels of Central Maryland, one of the first home delivered meals programs in the United States is based in Baltimore. Senior centers, adult day care centers, and a variety of community support services are located in the City. The organizations operating these programs will be partners with the Center in testing new approaches to services initiated by the Center.

## **F. Cultural Amenities**

Baltimore is undergoing a cultural renaissance. Projects such as the Hippodrome Theatre renovation, anchoring the revival of the Baltimore West Side retail district, and the growing array of theaters, restaurants, and performance spaces of all kinds are making the City particularly attractive to the type of creative, innovative professionals we will seek to involve in the Center. In addition, these types of amenities make Baltimore a magnet for older adults seeking intellectual stimulation and the ability to expand their creative capacity.

## **PARTNERSHIPS AND COLLABORATIONS**

Partnerships and collaborations are essential to the success of CARE's initiative to create a Center for Urban Aging Services and Policy Development in Baltimore. From the early design of the Initiative, the vision for the Center went far beyond a single city agency. Over the past year and a half, CARE has forged many local, statewide and regional partnerships with senior-serving organizations, academic and medical institutions, area agencies on aging in other cities, community groups, etc. to help with the development of the Urban Aging Services and Policy Development Initiative. More than 60 partners have committed to assisting and participating in the Initiative, serving on a steering committee/advisory workgroup, contributing resources (e.g. staff expertise, senior-serving organization contacts/networks) and developing funding strategies and contacts to support the Initiative. The success of our public-private partnerships and collaborations is based upon three guiding principles:

- A. Each partner has a defined role, expectation, and outcome in the collaboration;
- B. Each partner realizes a specific benefit from the partnership; and
- C. The older adults of Baltimore and other urban America will be better served as a result of these public-private partnerships.

As the Initiative has evolved, CARE has reached out locally and across the country to recruit partners to support the Center. Locally, the Johns Hopkins Center on Aging and Division of Geriatric Medicine has expressed strong commitment to the Center. AARP, based in Washington DC is supporting the concept. The Greater Baltimore Committee has shown interest, opening the door for CARE to contacts with the metropolitan business community. In addition, the Initiative has the full support of the Mayor and his Cabinet, the Interagency Committee on Aging Services, and the Baltimore City Council.

The chart below provides an inventory of the type and number of valued partners that have expressed interest in and support for the Initiative. In addition to the organizations mentioned above, supporters include the University of Maryland Schools of Pharmacy, Social Work and Nursing, the Urban Institute, Experience Corps Baltimore, Xavier Health and Elder Health, Baltimore County on Aging, Maryland Department of Aging, Atlanta Regional Council (AAA), Newark, New Jersey Office on Aging, etc. The list continues to grow as more and more organizations see the unique value of this partnership to create a Center for Urban Aging Services and Policy Development.

<b>Valued Partnerships and Collaborations</b>	
<b>Category</b>	<b>Total</b>
<b>Academic and Medical Institutions</b>	<b>13</b>
<b>Community Partners</b>	<b>6</b>
<b>Government Agencies/Officials</b>	<b>20</b>
<b>Senior-Serving Organizations</b>	<b>10</b>
<b>Other Cities' Area Agencies on Aging</b>	<b>13</b>
<b>TOTAL</b>	<b>62</b>

## **IMPLEMENTATION**

### **A. Toward an Incubator for Aging Services**

In the past ten years, it has become increasingly difficult to generate innovative approaches to aging issues at the national level. Fiscal constraints and ideological polarization have created paralysis, first at the Federal and now, increasingly, at the State levels of government. In the coming years, the most creative and effective models for bringing about changes in services for older adults will be developed at the local level, generated by partnership models like the Center. A new model is needed for developing aging public policy: the locally based policy incubator.

The Silicon Valley in San Jose California became an incubator for technology innovation because it was able to generate a complex web of academic and industrial organizations, interacting and feeding off one another, and generating a new vision of the possible. We believe that the Center can create a similar synergy in Baltimore, especially given assets described above and the proximity of powerful institutions that can both support and benefit from the Center's work, such as Johns Hopkins, AARP and the nearby Center for Medicare and Medicaid Services.

Drawing upon the strengths of its partners, the Center will be designed to be an incubator for aging services and policy formulation. As such it will be guided by four principles, designed to maximize its impact:

1. Center projects should have an impact on public policy affecting urban older adults at the State and/or Federal level, particularly in shaping the design of public programs affecting urban older adults, and in determining how budgetary resources will be allocated.

2. Projects should be both evidence-based and multidisciplinary. Projects will be based upon the latest best practices and research findings. In some cases the Center will seek to adapt proven service models for older adults, developed elsewhere, to an urban environment. Projects will contain evaluation components, and will be guided by analysts and researchers from partnering academic and medical institutions. In addition, the Center will seek to create models that integrate health, social service and faith-based strategies, and reach across traditional barriers between the private and public sectors.
3. Projects will emphasize the potential of technology to assist older adults. In particular, the Center will explore the potential of information technology to reduce isolation of older adults living in urban environments, and the use of assistive technology to allow older adults to age in place in their own homes.
4. The Center will select projects that can help create Statewide and national networks of advocates and planners for older adults in urban America. To this end, projects should have results that are of interest to other cities, and that are capable of being disseminated and replicated nationally.

## **B. Organizational Structure**

The Center for Urban Aging Services and Policy Development will be a free-standing nonprofit organization with close ties to the sponsors that underwrite its activities. The board of directors for the Center will be appointed by the initial sponsoring organizations.

The initial staff will consist of an Executive Director, a Partnership Developer and an Administrative Assistant. In recruiting staff, the Center will look for candidates with backgrounds in research, experience administering programs and business enterprises for older adults, and skills in forming private-public partnerships.

The sponsoring organizations will provide the Center with funding develop a 2-year planning, startup and implementation design. Over the long term, the Center will become self-sustaining by obtaining grants, forming revenue generating partnerships, and performing best practices analysis, design and implementation.

## **D. Implementation Schedule**

CARE envisions this to be a 5-year Initiative with a 2-year planning, startup and implementation design, and potential renewal at the end of that period, based on the level of the Center's achievements. The initial phases of Center development are as follows:

### **Phase 1 (July 2004- June 2005)**

The first phase of the Initiative has consisted of educating stakeholders, developing support, and laying the groundwork for partnerships. Key developments have included the following:

1. Numerous presentations to academic and medical audiences, community groups, the Mayor and City Council, health care organizations, and national conferences, including a session at the 2004 National Association of Area Agencies on Aging conference in Atlanta ,the 2005 National Council on Aging/American Society on



- Aging conference in Philadelphia and the 2005 National Association of Area Agencies on Aging conference in Seattle;
- 2. Development of dialogue with AARP National office, AARP Maryland, Johns Hopkins University and the University of Maryland concerning the shape of the Initiative;
- 3. Establishment of partnerships/collaborations in support of the Initiative with 43 organizations including academic and medical institutions, community partners, government agencies, senior serving organizations, and area agencies on aging in other cities across the United States; and
- 4. Establishment of communication linkages with interested public officials in Seoul, South Korea, London, England, and Berlin, Germany and China

## **Phase 2 (July 2005- September 2006)**

In the second phase of the Initiative, CARE will develop the structure of the Center. This phase will include the following steps:

- 1. appointment of an executive committee to develop the “vision” for the Center.
- 2. creation of a Center Advisory Board to meet regularly to develop plans for projects, establish mechanisms for Center governance, and to define plans for Center operations;
- 3. creation of an organizational structure, including incorporation as a nonprofit and obtaining of 501-C-3 status from the Internal Revenue Service;
- 4. securing of funding for first year start-up;
- 5. recruitment of Board Members;
- 6. recruitment of Executive Director and staff;
- 7. identification of initial Center projects; and
- 8. continued presentations and community education as to the Center’s mission.

## **Phase 3 (October 2006- September 2007)**

At the beginning of October 2006, the Center will become operational with a full complement of projects, which will combine policy development, program design, implementation and evaluation. This phase will include the following steps:

- 1. securing of office space and purchase of equipment;
- 2. hiring of remaining Center staff;
- 3. development of private-public partnerships, working through the Greater Baltimore Committee;
- 4. creation of student training programs and internships;
- 5. recruitment of analyst/consultant services for initial projects;
- 6. design and implementation of initial projects;
- 7. continued presentations and community education;
- 8. dissemination of results of projects to aging service organizations and urban older adult programs across the country; and
- 9. preparation of grants proposals for ongoing funding.

## CONCLUSION

**The Center for Urban Aging Services and Policy Development** is designed to lay the foundation for a new vision and innovative approaches to the issues of older adults in urban America, much as Silicon Valley became the incubator for new information technology. The time is right and Baltimore is the ideal place to create a center for aging innovation in urban America that will:

- A. create a vision of how cities can design, implement, and support healthy and independent aging;
- B. combine policy development, program development, and advocacy;
- C. draw upon the strengths of urban older adults;
- D. develop innovative models for addressing critical needs, services, policy development, and funding strategies;
- E. advocate for changes in national policy regarding urban older adults;
- F. help create a better Baltimore for older adults, their families, and caregivers; and
- G. serve as a model for the design, funding, and delivery of services for older adults in cities throughout America.